



Centers for Disease Control and Prevention Agency for Toxic Substances and Disease Registry

Tribal Consultation Advisory Committee (TCAC) Meeting

August 11 and August 13, 2009

Meeting Summary



Background / Purpose: The purpose of these meetings is to allow tribal representatives and CDC staff to exchange information about public health issues and identify urgent public health needs in AI / AN communities.

Meeting Summary:

- ❑ August 11th: TCAC Members and CDC OD staff conducted a closed Executive Session where they:
 - Reviewed and approved the February 2009, June 2009, and July 2009 Meeting and Conference Call Planning Minutes. TCAC Chair, Lt. Governor Jefferson Keel asked the group to email corrections and / or concerns to Senior Tribal Liaison, CAPT Mike Snesrud.
 - Elected TCAC Co-Chairs: TCAC Chair, Lt. Governor, Jefferson Keel nominated Chester Antone, Tohono O'odham Legislative Councilman, to serve as TCAC Co-Chair; TCAC Member, Derek Valdo, NCAI Southwest Area Vice President, Pueblo of Acoma, nominated Kathy Hughes, Oneida Business Committee, Vice-Chairwoman, Bemidji Area, to serve as TCAC Co-Chair. The motions were formally seconded, approved, and accepted.
 - Discussed TCAC Charter Revisions: Stacey Ecoffey, Principal Advisor for Tribal Affairs, US Department of Health and Human Services, addressed the group regarding the importance of revising the TCAC Charter to be consistent with other HHS tribal advisory committees. She noted that in an attempt to get all of the tribal advisory committees on one accord, HHS was in the process of publishing a guidance document that will include the CDC Tribal Consultation Advisory Committee.
 - Discussed TCAC Response to Division of Immunization Services Division (ISD) about inclusion of new vaccines in the Vaccine for Children Program (VFC): Senior Tribal Liaison, CAPT Mike Snesrud, noted that during the February TCAC Meeting, Dr. Lance Rodewald made a presentation to the group in which he asked the group for guidance and written recommendations from TCAC regarding new vaccine implementation in the VFC Program as it relates to Indian

country. TCAC Co-Chairs will draft a letter to send to Mr. Rodewald on behalf of the TCAC.

➤ Conducted site visits to the Alaska Native Medical Center Campus

- ❑ August 13th: The Tribal Consultation Advisory Committee (TCAC) Meeting reconvened to review and discuss regional / national updates from TCAC members, CDC budget updates, CDC director's inquiries / areas of interest, Novel H1N1 Influenza update and vaccine distribution, tribal public health accreditation, NCEH / ATSDR Office of Tribal Affairs (OTA) updates, updates from CDC in response to TCAC recommendations, confirm date / location for next meeting, identify priority agenda items for next meeting and summarize additional action items or meeting outcomes.

Meeting Highlights:

- ❑ Ms. Illeen Sylvester, Vice President for Executive and Tribal Services, Southcentral Foundation, and Ms. Sally Smith, Chair, Bristol Bay Area Health Corporation, addressed the need for exploring tribal public health accreditation. The Public Health Accreditation Board (PHAB) is dedicated to raising the standard for public health. With support from the CDC and The Robert Wood Johnson (RWJ) Foundation, they work with leading public health experts from the field to develop a voluntary national accreditation program that will help public health departments assess their current capacity and guide them to become even better providers of quality service, thus promoting a healthier public. In an effort to align national standards with the needs of members and address a wide range of public health department structures and circumstances across the country, PHAB works closely with NACCHO, ASTHO, and NALBOH. The PHAB has also created several committees and workgroups comprised primarily of state and local health officials to develop all aspects of the new accreditation program. These expert workgroups and committees are developing the features of the new accreditation program building on the excellent work of others who have addressed performance improvement and existing state-based performance standard programs. NIHB is currently exploring the idea of public health accreditation. The objectives of the NIHB project are to establish an advisory panel, review past accreditation efforts in Indian Country, explore and discuss the potential for voluntary public health accreditation in Indian Country, and gather recommendations. NIHB's progress with the accreditation project to date includes establishment of advisory board with tribal representatives from the 11 I.H.S. service areas, National Tribal Call for Input closed on May 31, 2009, the Strategic Plan was finalized on July 1, 2009, and NIHB recently signed an MOU with PHAB to continue NIHB's involvement in accreditation. The accreditation process is to be implemented in 2011.
- ❑ Annabelle Allison, Tribal Affairs Liaison, OTC / NCEH / ATSDR, and Richard Kauffman, Senior Regional Representative—Region 10 discussed NCEH / ATSDR Office of Tribal Affairs (OTA) updates. ATSDR was created in 1980 by Superfund Act, tasked to "prevent or mitigate adverse human health effects [from] hazardous substances." They are headquartered in Atlanta, Georgia, and currently have eleven regional offices, two state offices (Alaska and Montana), and 31 state cooperative agreements. ATSDR's role is to evaluate human exposures to contaminants, conduct public health assessments, provide health consultations, and provide exposure investigation, health education, and resources on toxins. Current activities conducted by ATSDR in the Alaska region include facilitating involvement in DOD sites, health impact assessments, large natural resource developments,

brownfield assessment, assist partners in incorporating health in redevelopment project, and developing relationships with UAA and UAF.

- ❑ CAPT Mike Snedrud, Senior Tribal Liaison for Policy and Evaluation, CDC, and Dr. Ralph Bryan, Senior Tribal Liaison for Science and Public Health, CDC, gave a brief overview of CDC responses to past TCAC recommendations. CDC responded to the following TCAC recommendations:
 - **Recommendation:** Continue to fully implement the CDC Tribal Consultation Policy (TCP)
 - Response: Responsibilities to TCP implementation are established and described in the TCP itself. The agency is in the process of implementing
 - Response: CAMICC has been briefed and engaged to assist in implementation in the National Centers and Offices they represent
 - Response: Dr. Frieden briefed and is supportive
 - Response: CDC recently developed 4 list serves – one for Tribal Chairmen, one for Tribal Leaders, one for Tribal Organizations and Tribal Health Boards, and one for TCAC
 - **Recommendation:** Continue discussions with FMO to assist tribal stakeholders in understanding CDC budget formulation process and allocations
 - Response: FMO has discussed and reviewed CDC's federal budget planning process and timelines
 - Response: Deputy Director has designated a FMO point-of-contact to serve as a ready resource to TCAC and its Budget Subcommittee
 - **Recommendation:** Monitor and track where tribal recommendations have influenced CDC priorities to enhance tribal access to CDC resources
 - Response: Provide agency budget documents to TCAC & other tribal leaders annually
 - Response: FMO / OMHD will continue to provide a slide deck each year that compares and contrasts overall agency categorical allocations and those specific to AI/AN tribes and organizations
 - Response: Developed CDC inventory of funded Tribal Programs and Projects in 2007 and will be updating this inventory this fall
 - **Recommendation:** Re-analyze the AI/AN Resource Allocation Portfolio such that resource allocations are stratified by categorical programs of high priority to tribes
 - Response: FMO provided comprehensive breakdown and analysis of CDC allocations
 - Response: Also presented GIS maps displaying allocations per state and IHS Areas
 - Response: Developed AI / AN Grantee Table annually
 - Response: Providing greater transparency to CDC budget

- **Recommendation:** Implement standardized language for CDC FOAs that specifies tribal eligibility unless precluded by authorizing language, single eligibility approval, or similar contingencies
 - Response: Established standardized language that specifies tribal eligibility in all FOAs–PGO monitoring
- **Recommendation:** Continue to increase tribal stakeholders' knowledge of CDC funding opportunities and how to obtain TA in application process
 - Response: PGO and Extramural Offices have revised FOA templates to be clearer and simpler with another revision under way
 - Response: PGO changed the process of FOA review and approval. GMO called the Communication Control Document (CCD)
 - Response: As a result of CCD, the Program Offices and PGO are better able to review and ensure language is included to hold states more accountable to getting resources to tribes
 - Response: PGO providing TA training at least annually to AI / AN stakeholders
- **Recommendation:** Provide formal CDC Orientation to AI / AN stakeholders
 - Response: Offered each year during ATL based CDC Consultation Session
 - Response: Distribute a directory of CDC services, resources and SMEs to the TCAC annually
- **Recommendation:** Provide training for project officers assigned to states with established AI/AN communities
 - Response: Individual units (e.g. DCPC, OSH, DDT) provide annual training
 - Response: OWCD is responsive to assuming leadership role for agency wide training for all project officer relative to understanding and implementing the Tribal Consultation Policy and increasing access to CDC resources
 - Response: CDC plans to continue support project officers to get training
- **Recommendation:** Advocate with NCs to continue to support and designate a certain percentage of their categorical program funds for AI/AN tribes
 - Response: Done by REACH, STEPS, DDT, OSH, WISEWOMAN, Cancer, Injury
 - Response: DDT / NDWP continues to partner closely with I.H.S., NIH, TCUs, to support tribal communities efforts. NDWP has funded 17 tribal grantees for 5 years totaling 2 million.
- **Recommendation:** For competitive applications responsive to AI / AN-focused program announcements, seek objective review panel members who are knowledgeable about working with AI/AN communities
 - Response: PGO working to develop a database of individuals with appropriate expertise and experience to serve as objective review panel members

- Response: Have sought AI/AN and non Native objective review panel members who are knowledgeable about working with AI/ANs (Diabetes, REACH, HIV/STD, OSH, DASH, Injury)
- Response: Continue to share new tribal grantee information and opportunities with TCAC
- **Recommendation:** Confirm that key national tribal organizations are being invited to participate in the CDC national meetings and public engagements
 - Response – NCAI, NIHB, TECs, AAIP, and I.H.S
- **Recommendation:** Reconsider decisions regarding funding for HIV and STD prevention programs in Indian country
 - Response: NCHHSTP hosted an External Consultation to address social determinants to guide their Center in development of new FOAs and policy / partnerships
 - Response: NCHHSTP committed to developing and supporting AI/AN culturally-specific best practices and initiatives
- **Recommendation:** Strengthen the relationship between DASH and tribal stakeholders to maximize resources and opportunities to address issues facing AI / AN youth
 - Response: Three tribes were funded directly for CSH
 - Response: Provides TA to BIE and Navajo Nation to conduct YRBS along with guidance offered to states and large urban areas
 - Response: NCIPC and Adolescent Goal Action Team has prioritized addressing suicide prevention in AI / AN youth
- **Recommendation:** Work together to ensure AI / AN Tribes are included in the planning of PHEP activities and events to assure a coordinated and effective public health
 - Response: COTPER / DLSR does a state-by-state review of PHEP Continuing Applications; DSLR reviews applications for Tribal Inclusions, concurrence, involvement in planning, and implementation of activities
- **Recommendation:** Assure that CDC Director and other executive leadership responds in a timely and effective manner to recommendations
 - Response: Dr. Bailey will update CDC leadership periodically on CDC implementation of the TCP and responses to TCAC
 - Response: STLs housed in OCPHP / OMHD; Dr. Bailey has established a OCPHP Triage Team that is engaging CDC leadership and operating units to institute actions and more timely resources

Summary of Main Recommendations made at August 2009 Meeting:

- ☐ **Recommendation:** Conduct a TCAC meeting to include CDC and SAMSHA to address the prevalence of suicide in Indian country
- ☐ **Recommendation:** Update OMHD website to be more user friendly for tribal entities
- ☐ **Recommendation:** Establish five-year FOAs for tribes
- ☐ **Recommendation:** Re-evaluate the competitive nature of grants and set-asides for tribes
- ☐ **Recommendation:** Establish an official peer review panel for the FOA specific to AI/AN Tribes and organizations
- ☐ **Recommendation:** Develop / enhance workforce trainings (public health expansion, competencies and trainings—use of the community to translate the science into practice)
- ☐ **Recommendation:** Discuss / develop a strategic budget plan for FY 2012 and 2013